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CONFIRMATION NO. 1693

|  |   |                                |   |                                       |
|--|---|--------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>09/938,228   | <b>FILING OR 371(c) DATE</b><br>08/23/2001<br><b>RULE</b>   | <b>CLASS</b><br>398            | <b>GROUP ART UNIT</b><br>2633   | <b>ATTORNEY DOCKET NO.</b><br>CCI-001 |
| <b>APPLICANTS</b><br>Daniel W. English, Salem, NH;<br>Mark Galvin, Derry, NH;  |   |                                |   |                                       |
| <b>** CONTINUING DATA *****</b>  |   |                                |   |                                       |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br><b>** 09/26/2001</b>  |   |                                |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>NH  | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>21             |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT CLAIMS</b><br>5 |   |                                       |
| <b>ADDRESS</b><br>28120  |   |                                |   |                                       |
| <b>TITLE</b><br>RECONFIGURABLE DATA COMMUNICATIONS SYSTEM WITH A REMOVABLE OPTICAL BACKPLANE CONNECTOR   |   |                                |   |                                       |
| <b>FILING FEE RECEIVED</b><br>744  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |